

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214513012				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MACW Mall Management, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1587213</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>200</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	200
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COMMON	200					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 401 WILSHIRE BLVD #700</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SANTA MONICA, CA 90401-2350</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EDWARD C COPPOLA TITLE: PRESIDENT ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EDWARD C COPPOLA TITLE: PRESIDENT ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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NAME:	CHRISTOPHER J FACAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	DON M FOSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	DOUG J HEALEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	MARK A JACOBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	JOHN P JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	SCOTT W KINGSMORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	GENENE M KRUGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	OLIVIA LEIGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	TOM J PENDERGRAST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	ROBERT D PERLMUTTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	JOHN PERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD #700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC V SALO EXEC VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADONNA R SHANNON SR VP/ASST SEC 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-2350	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M SHORT SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN L SPECTOR SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM STEFFAN SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS C UNIS SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH VOLK SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J ZECCHINI SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR M COPPOLA CEO/CHAIRMAN 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-2350	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA K ANDERSON VICE CHAIRMAN 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MADONNA R SHANNON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MADONNA R SHANNON, SR VP/ASST SEC PRINTED NAME AND CORPORATE TITLE	3/11/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			